

FCC 395

**FEDERAL COMMUNICATIONS COMMISSION**  
**Washington, DC 20554**

Approved by OMB

3060-0076

Est. time per response:

1 hour

**COMMON CARRIER ANNUAL EMPLOYMENT REPORT**

[Please read instructions before completing and for Notice regarding public burden.]

**SECTION 1 - General Information**

1. Name and Mailing Address of Respondent

**Blackfoot Telephone Cooperative, Inc.**  
**1221 N. Russell St. Missoula, MT 59808**

☐ Check here if this  
 is a change of  
 address.

2. Year Report Filed

2017

3. Reporting Period (Ending Date of Pay  
Period Covered by Report)

March 28, 2017

4. Number of Full-Time Employees during Selected  
Reporting Period (check one):

- a. ☐ Fewer than 16 (complete Sections I, IV, and V only)  
 b. ☒ 16 or more (complete all sections)

**SECTION II - Full-Time Employees.**

Job Categories	Number of Employees (Report employees in only one category)														Total Columns A - N	
	Hispanic or Latino		Race/Ethnicity								Not-Hispanic or Latino					
			Male								Female					
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
Executive/Senior Level Officials and Managers	1.1	0	0	5	0	0	0	0	0	0	2	0	0	0	0	7
First/Mid-Level Officials and Managers	1.2	0	0	10	0	0	0	0	0	0	7	0	0	0	0	17
Professionals	2	0	0	19	0	0	0	0	0	0	20	0	0	0	0	39
Technicians	3	0	0	50	0	0	1	1	0	4	1	0	0	0	0	57
Sales Workers	4	0	0	6	0	0	0	0	0	3	0	0	0	0	0	9
Administrative Support Workers	5	0	0	5	0	0	0	0	0	25	0	0	0	0	0	30
Craft Workers	6	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	7	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	0	0	103	0	0	1	1	0	63	1	0	0	0	0	169
PREVIOUS YEAR TOTAL	11	0	0	100	0	0	1	2	0	58	1	0	0	0	0	162

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Revised December 2007

## SECTION III - Part-Time Employees.


Job Categories		Number of Employees (Report employees in only one category) Race/Ethnicity																
		Hispanic or Latino		Not-Hispanic or Latino														Total Columns A - N
				Male							Female							
				Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
Executive/Senior Level Officials and Managers	1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Professionals	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	5	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3	3	
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	10	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3	3	
PREVIOUS YEAR TOTAL	11	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3	3	

## SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

- ☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- ☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company:  
(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

## SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	Typed or Printed Name of Person Signing	Signature	Telephone No.
05/22/2017	Laura Marshall		(406) 541-5000
Title of Person Signing		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 303).	
Vice President, Corporate Administration			